

Fill in this information to identify the case:

Debtor name	Rasmussen Cleaning Services, LLC		
United States Bankruptcy Court for the:	<u>Northern</u>	District of	<u>Texas</u>
(State)			
Case number (If known):	<u>24-32410-SWE-7</u>		

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
Rasmussen, Richard David	<u>3133 Belmont Lane</u> Street <u>Terrell, TX 75160</u>	<u>Seamless Capital Group</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code	<u>E Advance Services</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Highland Hill Capital LLC</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Fox Funding Group LLC</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Breeze Advance LLC</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Kalamata Capital Group</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Square Loan</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Small Business Admin</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
		<u>American Express</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Citibank</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Capital One/Menards</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Minnesota Department of Revenue</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Red Tail Acquisitions LLC</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		
2.3	Street		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		
2.4	Street		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		
2.5	Street		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City State ZIP Code		

Debtor

Rasmussen Cleaning Services, LLC

Name

Case number (if known) 24-32410-SWE-7

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**Column 1: Codebtor****Column 2: Creditor**

Name

Mailing address

Name

*Check all schedules
that apply:*

2.6 _____
Street

City _____ State _____ ZIP Code _____

D
 E/F
 G

Fill in this information to identify the case:

Debtor name Rasmussen Cleaning Services, LLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): 24-32410-SWE-7 Chapter 7

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

1a. Real Property:

Copy line 88 from Schedule A/B.....

\$0.00

1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$30,508.00

1c. Total of all property:

Copy line 92 from Schedule A/B.....

\$30,508.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D.....

\$0.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$0.00

3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$1,752,801.31

4. Total liabilities.....

Lines 2 + 3a + 3b

\$1,752,801.31

Fill in this information to identify the case:

Debtor name Rasmussen Cleaning Services, LLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): 24-32410-SWE-7

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
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From the beginning of the fiscal year to filing date:	From <u>01/01/2024</u> to _____ MM/ DD/ YYYY	Filing date _____ <input type="checkbox"/> Operating a business <input type="checkbox"/> Other _____
For prior year:	From <u>01/01/2023</u> to <u>12/31/2023</u> MM/ DD/ YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other _____
For the year before that:	From <u>01/01/2022</u> to <u>12/31/2022</u> MM/ DD/ YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
-----------------------------------	--

From the beginning of the fiscal year to filing date:	From <u>01/01/2024</u> to _____ MM/ DD/ YYYY	_____
For prior year:	From <u>01/01/2023</u> to <u>12/31/2023</u> MM/ DD/ YYYY	_____
For the year before that:	From <u>01/01/2022</u> to <u>12/31/2022</u> MM/ DD/ YYYY	_____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address Creditor's name Street City State ZIP Code	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Seamless Capital Group Creditor's name 4407 Bee Caves Rd Ste 421 Street Austin, TX 78746 City State ZIP Code		\$7,980.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Highland Hill Capital LLC Creditor's name 450 Fairway Dr. Ste. 210 Street Deerfield Beach, FL 33441 City State ZIP Code		\$11,490.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. Fox Funding Group LLC Creditor's name 1920 E Hallandale Beach Blvd Ste. 503 Street Hallandale, FL 33009 City State ZIP Code		\$14,980.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. Kalamata Capital Group Creditor's name 80 Broad Street Ste. 1210 Street New York, NY 10004 City State ZIP Code		\$8,188.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. Square Loan Creditor's name 1455 Market Street Ste. E600 Street San Francisco, CA 94103 City State ZIP Code		\$19,000.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
----------------------------	-------	-----------------------	---------------------------------

4.1.

Creditor's name	_____	_____	_____
Street	_____	_____	_____
City	State	ZIP Code	
Relationship to debtor			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
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5.1.

Creditor's name	_____	_____	_____
Street	_____	_____	_____
City	State	ZIP Code	

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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6.1.

Creditor's name	_____	_____	_____
Street	XXXX- _____	_____	_____
City	State	ZIP Code	

Name

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None

7.1. Case title <hr/>	Nature of case <hr/>	Court or agency's name and address Name <hr/> Street <hr/> City State ZIP Code	Status of case <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <hr/>			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None

8.1. Custodian's name and address Custodian's name <hr/> Street <hr/> City State ZIP Code	Description of the property <hr/>	Value <hr/>
	Case title <hr/>	Court name and address Name <hr/> Street <hr/> City State ZIP Code
	Case number <hr/>	Date of order or assignment <hr/>

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000** None

9.1. Recipient's name and address Recipient's name <hr/> Street <hr/> City State ZIP Code	Description of the gifts or contributions <hr/>	Dates given <hr/>	Value <hr/>
Recipient's relationship to debtor <hr/>			

Name

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.** None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>			

10.1. _____

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
<u>Leinart Law Firm</u>	<u>Attorney's Fee</u>	<u>7/24/2024</u>	<u>\$3,338.00</u>

Address

10670 N Central Expy Ste 320

Street

Dallas, TX 75231-2173

City _____ State _____ ZIP Code _____

Email or website address

contact@leinartlaw.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
<u>Trustee</u>			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None

13.1. Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Address

Street

City State ZIP Code

Relationship to debtor**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy
14.1. Street	From _____ To _____

City State ZIP Code

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Facility name Street City State ZIP Code	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

 No Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator? No. Go to Part 10. Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: -----
Has the plan been terminated?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 Name Street City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____

Name

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

 None

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
		Address		
	City	State ZIP Code		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
		Address		
	City	State ZIP Code		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City	State ZIP Code		

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Name _____

- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Provide details below.			
Case title	Court or agency name and address	Nature of the case	Status of case
			<input type="checkbox"/> Pending
Case number	Name		<input type="checkbox"/> On appeal
	Street		<input type="checkbox"/> Concluded
	City	State	ZIP Code

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Provide details below.		
Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ Name _____	Name _____ Street _____ _____ City _____	_____ _____ _____ _____ State _____	_____ _____ _____ _____ ZIP Code _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

25.1.

Business name and address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Name _____

Street _____

City _____ State _____ ZIP Code _____

EIN: _____

Dates business existed

From _____ To _____

26. Books, records, and financial statements

- 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

 None**Name and address****Dates of service**

26a.1.

Name _____

From _____ To _____

Street _____

City _____ State _____ ZIP Code _____

- 26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

 None**Name and address****Dates of service**

26b.1.

Name _____

From _____ To _____

Street _____

City _____ State _____ ZIP Code _____

- 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None**Name and address****If any books of account and records are unavailable, explain why**

26c.1.

Name _____

Street _____

City _____ State _____ ZIP Code _____

- 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None

Name and address

26d.1.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions? No Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

 No Yes. Identify below.

Name

Name and address of recipient**Amount of money or description
and value of property****Dates****Reason for providing
the value**

30.1.

Name _____

Street _____

City _____ State _____ ZIP Code _____

Relationship to debtor**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?** No Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent corporation**

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund? No Yes. Identify below.**Name of the pension fund****Employer Identification number of the pension fund**

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/10/2024
MM/ DD/ YYYY

 /s/ Richard David Rasmussen

Signature of individual signing on behalf of the debtor

Printed name Richard David Rasmussen

Position or relationship to debtor Owner/Operator

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

 No Yes